

Foster Family Home - Corrective Action Report

Provider ID: 1-190022

Home Name: Arceli Acio, CNA

Review ID: 1-190022-4

94-478 Kipou Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/26/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of corrections due on 2/26/2021.

PCG is requesting to increase to a 3 client CCFFH.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- CG#3's Bloodborne Pathogen and infection control certification expired on 5/22/2020 and no current renewal present in the CCFFH binder.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#5 without an evidence of having conducted a monthly fire drill for the past 12 months in the CCFFH binder.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No written authorization present from Client #1/POA for a video monitoring device inside client's bedroom.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

Comment:

54.(b)- No signatures of caregivers/CG#1 on some of the dated entries in Client #1's progress/observation notes from year 2019-2020.

Maribel Nakamine, Rev

Compliance Manager

A. Acio

Primary Care Giver

1/26/2021

Date

1/26/2021

Date

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Arceli Acio

CCFFH Address: 94-478 Kipou Street, Waipahu, Hawaii 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(b) (8)	CG#3 attended the scheduled AFHA In-service on Blood Borne Pathogen and Infection Control on 1/28/21 and immediately provided this PCG a copy of the Certificate of Attendance. This Certificate is filed on PCG's CCFFH Binder.	1/28/21	PCG will maintain a Checklist of Requirements for each Caregiver. PCG will require each Caregiver to provide the needed requirement a month prior the expiration date.
46.(b) (2)	CG#5 was requested to conduct a Fire Drill in the PCG's CCFFHome in order for her to know what to do in the event of a fire. A copy of the Fire Drill is filed in the PCG's CCFFH Binder.	1/30/21	PCG will require each Caregiver to conduct at least one Monthly Fire Drill within the year.
53.(b) (9)	A written Authorization/ Consent Letter on the Use of a Video Monitoring Device inside the Client's Bedroom was signed by the Client, her Authorized Representative and all Caregivers in the home.	2/7/21	In the future, before the use of any monitoring device in a client's room used as a Safety Precaution, it is important that the Client/Authorize Representative agrees by signing a written Consent Letter.

All items that were fixed are attached to this CAP

PCG's Signature: *Arceli Acio*

Date: 2/9/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ms. Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Arceli Acio

(PLEASE PRINT)

CCFFH Address: 94-478 Kipou Street, Waipahu, Hawaii 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
Con't of page 1	Copy of the signed Consent Letter is filed in the Client's binder		All Caregivers in the home will be in-serviced on the proper use of the monitoring device and to respect as indicated in the signed Consent Letter.
54.(b)	Lapse can not be corrected. Following after the CTA's Visit, CG#1's Progress Notes were signed in every dated entry.	1/27/21 to date	In the future, CG#1 and all CG's Progress Notes will be signed immediately right after each dated entry.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Arceli Acio

Date: 2/9/21

CTA has reviewed all corrected items